



An Equal Opportunity Employer

**City of Antioch
Recreation Department
Employment Application**

Antioch Recreation Department
P.O. Box 5007
4703 Lone Tree Way
Antioch, CA 94531
(925) 776-3050
Visit our website at:
www.antiochca.gov

**PLEASE TYPE OR
PRINT IN INK**

Incomplete or illegible applications may be rejected. All statements are subject to verification. Incorrect statements could result in loss of employment rights or a job.

Office Use Only

- Accepted
 Rejected

Position applying for: _____

Name _____
Last First Middle

Mailing Address _____
Number Street City State Zip

Cell Phone (_____) _____ Home Phone (_____) _____

Email Address _____ Driver's License No. _____

List any other names under which your work or education records may be filed: _____

Can you, after employment, submit proof of your legal right to work in the United States? Yes No

Are you at least 18 years of age? Yes No If no, after employment, can you submit a work permit? Yes No

Are you currently an active member of California Public Employees' Retirement System (CalPERS)? Yes No

Have you ever lived outside of the State of California? Yes No

Are you related to any current City of Antioch employee? Yes No

If yes, provide the employee's name and their relationship to you: _____

EDUCATION & TRAINING

Circle Highest Grade Completed	8	9	10	11	12	G.E.D.	College	1	2	3	4	Grad Work?	Yes	No
Colleges or Universities attended	Location		From	To	Units Completed		Degree	Sem.		Qtr.	Year			

SPECIAL QUALIFICATIONS - List licenses, certificates and/or registrations required for this job.

<u>TITLE</u>	<u>DATE ISSUED</u>	<u>DATE EXPIRES</u>	<u>NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT RECORD

Begin with present or most recent position. List work record for the past ten (10) years and include any other pertinent experience.
THIS SECTION MUST BE COMPLETED. A resume may be attached, but does not substitute for completing this section.

FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. ()	Reason for leaving:	
FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. ()	Reason for leaving:	
FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. ()	Reason for leaving:	
FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. ()	Reason for leaving:	
FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. ()	Reason for leaving:	

May we contact your present employer? Yes No

I hereby certify that all statements made herein or otherwise by me in applying for a position of employment with the City of Antioch are true and correct. I understand and agree that my misstatement or omission of material fact will cause forfeiture of my rights to employment by the City of Antioch. I understand that employment is contingent upon my provision of written verification of my identity and legal right to work in the United States.

SIGNATURE _____ DATE _____